

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/28/2009  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>295085</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R-C</b> <b>02/24/2009</b>	
NAME OF PROVIDER OR SUPPLIER  <b>HIGHLAND MANOR OF FALLON</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>550 NORTH SHERMAN ROAD</b> <b>FALLON, NV 89406</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
{F 000}	INITIAL COMMENTS  This Statement of Deficiencies was generated as a result of a revisit survey conducted at your facility on 2/24/09. The revisit was in response to the findings of a previous complaint survey (#NV00020505) on 1/21/09.  The census was 77 residents. The sample size was 11 residents.  The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigation, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.			{F 000}			
{F 309} SS=G	483.25 QUALITY OF CARE  Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.  This REQUIREMENT is not met as evidenced by: Based on record review, interview, and policy review the facility failed to assess, identify, and treat a fecal impaction requiring hospitalization for 1 or 11 residents. (#1)  Findings include:  Resident #1 was admitted to the facility on 10/15/08, with diagnoses including pain, weakness, edema and constipation. The resident			{F 309}			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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{F 309}	<p>Continued From page 1</p> <p>had been transferred to an acute care facility on 2/22/09, for a suspected gastrointestinal hemorrhage. An entry in the nurses' notes on 1/22/09 read: "Resident had emesis times two. Emesis had coffee-ground appearance."</p> <p>Review of the record at the acute care facility revealed that Resident #1 was treated for a fecal impaction. Review of a computed axial tomography scan report read: "there is diffuse fecal retention throughout the tortuous colon, with a large stool ball impacted within rectum." The resident had nothing by mouth throughout his admission.</p> <p>The Nurse Manager of the medical/surgical unit at the acute care facility was interviewed on 2/24/09 at 1:45 PM, and reported that a surgical consult had been requested because Resident #1's fecal impaction had not resolved.</p> <p>Resident #1 was interviewed on 2/24/09 at 2:00 PM, and reported that he was uncomfortable because he had not been able to drink any fluids since he arrived at the acute care facility. He reported that on the day of the transfer his "belly was extended," and that he had pain "for a few hours." He further reported that if he "had a knife he would have poked 4 or 5 holes in his belly to relieve the pressure." During the interview the resident's hands were observed to be restrained. He had a naso-gastric tube in his right nares and an intravenous line in his left wrist with fluid infusing.</p> <p>Record review at the skilled nursing facility revealed an entry made in the nurse's notes on 2/21/09 at 4:41 PM that read: "afternoon dose of stool softener held related to loose stools."</p>	{F 309}			

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{F 309}	<p>Continued From page 2</p> <p>Review of the medication administration record revealed that the nurse had held the stool softener for loose stools on 2/15/09 at 8:00 AM and on 2/20/09 at 8:00 AM. Record review revealed that Resident #1 had been taking a pain medication that has a common side effect of constipation. No care plan related to bowel function was found.</p> <p>A registered nurse (RN) was interviewed on 2/24/09 at 4:30 PM, and reported that a certified nursing assistant (CNA) had told her that "the resident's brief had stool in it every morning for several days, so she held the stool softener." She reported that she did not hold the stool softener based a physical assessment of the resident.</p> <p>A second RN transferred the resident to the hospital. She was not available for interview.</p> <p>A fecal impaction is a hard dry mass of stool that is lodged in the folds of the rectum or sigmoid colon as a result of prolonged retention and accumulation of stool. A fecal impaction commonly causes fecal incontinence in older people due to stool leaking around a fecal mass. Fecal impaction can result from poor bowel habits, inactivity, dehydration, improper diet, or constipation inducing drugs such as pain medication.</p> <p>Review of the "Bowel Management Worksheet" for the 2/15/09, through 2/22/09, revealed that Resident #1 had a bowel movement on 2/17/09, 2/20/09, and 2/21/09. No evidence that the resident had a bowel movement was found for 2/15/09, 2/16/09, 2/18/09, or 2/19/09.</p>	{F 309}			

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{F 309}	<p>Continued From page 3</p> <p>Review of the facility's policy and procedure #3.04 (NV) related to resident assessment was reviewed and revealed the following:</p> <p>Policy: It is a policy of the facility to provide a means of determining the physical and mental needs of each resident.</p> <p>Purpose: To define the physical and mental abilities and disabilities and to determine the maximum potential or function of the individual.</p> <p>Staff Responsible:</p> <ol style="list-style-type: none"> <li>1. Director of Nursing</li> <li>2. Staff Nurse</li> </ol> <p>Procedure: Evaluation defines needs, problems, approaches, short and long range goals. This composes the "Nursing Care Plan".</p> <p>Evaluation is continuous. It begins prior to admission and continues through discharge.</p> <p>1. Evaluating Persons Everyone in the resident's environment - physician, family, resident, nurse aide, nurse...</p> <p>2. Importance of evaluation Good evaluation will result in a good plan of care that effectively meet the resident's needs, thus enabling him/her to attain and maintain his/her maximum functioning level.</p> <p>Poor evaluation will result in a plan of care that does not fully meet the resident's needs, and the attainment of the his/her maximum function may not be realized.</p> <p>3. Nurses Role in Evaluation -evaluates by communication and observation -responsible for documentation of evaluation</p>	{F 309}			

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{F 309}	<p>Continued From page 4</p> <p>4. Areas of evaluation Resident must be evaluated as an individual. We must consider him/her as a whole person and evaluate the physical, mental, social, economic, spiritual, and vocational aspects.</p> <p>A. Physical-function of the body symptoms 4. Elimination - bowel function: normal bowel habits - use of laxatives, suppositories and enemas - constipation - inability to recognize urge.</p> <p>Policy titled: CNA Assignments CNA's need to complete assignments to provide the best care for residents.</p> <p>2. I&amp;O: I&amp;O reports need to be completed timely and accurately and reported to a nurse for follow up.</p> <p>c. Bowel movements are tracked utilizing the Bowel Management Worksheet. All residents should be monitored each shift and bowel movements documented noting size and continence on this worksheet. If any resident does not have a bowel movement, put a 0 next to their name.</p> <p>Policy titled: Bowel Program</p> <p>Objectives:</p> <p>1. Residents will be monitored daily to determine if they have had a bowel movement</p> <p>2. If a resident has had a bowel movement it will be documented in resident's permanent computerized record</p> <p>8. This program may be used in conjunction with routine laxative and stool softener medications as ordered by a physician</p>	{F 309}			